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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/521,197	09/22/2005	Christian Lubrano	0512-1256	8658
466 YOUNG & TH	7590 07/28/200 OMPSON	8	EXAM	INER
209 Madison St		MAEWALL, SNIGDHA		
Suite 500 ALEXANDRIA	A, VA 22314		ART UNIT	PAPER NUMBER
			1612	
			MAIL DATE	DELIVERY MODE
			07/28/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Comment	10/521,197 LUBRANO ET AL.		L.
Interview Summary	Examiner	Art Unit	
	Snigdha Maewall	1612	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Snigdha Maewall</u> .	(3)		
(2) <u>Robert J. Patch</u> .	(4)		
Date of Interview: <u>03 July 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	²)∏ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)□ was not reached. h)□ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>A phone call was placed mailed in reply to Office Action mailed on 12/05/07. The Att mailed.</u>	<u>to Attorney Robert J. Patch to</u>	check if the rest	oonse was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTERVIEW OF THE INTERVIEW OF THE SUBSTANCE OF THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE OF T	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APPI DAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)